

<b>Case Number:</b>	CM14-0049403		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/03/2000
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67-year-old female injured on April 30, 2000. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 5, 2014, indicates that there are ongoing complaints of neck pain radiating to the right upper extremity, and low back pain radiating to the bilateral lower extremities. The current medications include Vicodin and Zanaflex. The physical examination demonstrated a normal gait and tenderness over the lumbar spine. There was a normal neurological examination. The diagnostic imaging studies objectified (or reported the following findings a 4 mm x 11 mm C3-4 disc herniation causing spinal cord compression. The previous treatment includes a previous anterior cervical discectomy and fusion performed on October 11, 2007. The treatment plan recommended a C3-4 anterior cervical discectomy and fusion. A request had been made for an anterior cervical discectomy and fusion at C3-4, a three day inpatient hospital stay, and preoperative medical clearance and was not certified in the pre-authorization process on March 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **C3-C4 Anterior Cervical Discectomy and Fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability guidelines (ODG), Neck and Upper Back (updated 12/16/13), Discectomy-laminectomy-laminoplasty; ODG Indications for Surgery - Discectomy/laminectomy (excluding

fractures); Washington State (Washington, 2004); ODG Neck and Upper Back (updated 12/16/13) Fusion, anterior, cervical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

**Decision rationale:** According to the most recent progress note dated February 5, 2014, while the injured employee has radicular complaints of the upper and lower extremities there was stated to be a normal neurological examination. In order to justify an anterior cervical discectomy and fusion radicular symptoms should be corroborated by physical examination findings and objective studies. As this is not evident this request for an anterior cervical spine discectomy and fusion at C3-4 is not medically necessary.

**Inpatient stay for 3 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 12/16/2013), Hospital length of stay (LOS) guidelines: Discectomy/Corpectomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Hospital length of stay, Updated May 30, 2014.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>, Preoperative Basic Health Assessment Recommendations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative clearance, Updated July 3, 2014.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.